

| CODE | <p style="text-align: center;">Section V</p> <p style="text-align: center;">APPLICATIONS AND ENROLLMENT</p> <p>Standard of 95 percent relates to requirements of timeliness, accuracy, and disclosure.</p> |
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| | <p style="text-align: center;">ELIGIBILITY TO ENROLL</p> <p style="text-align: right;">Use Worksheets: WS-EN1 - EN3</p> |
| EN01 | <p>The M+CO does not deny enrollment on the basis of health status except for ESRD.</p> <p>Section 620 of BIPA permits beneficiaries whose enrollment in an M+C plan was terminated on or after December 31, 1998 to re-enroll into another M+C plan.</p> <p>42 CFR 422.50(a)(2) and (a)(3); OPL 99.100 <input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOTE</p> |
| MOE EN01 | <p><i>NOTE: a commercial enrollee with ESRD may enroll in a M+C plan If an M+CO chooses to offer the opportunity to enroll in the organizations's M+C plan(s) to beneficiaries who were enrolled with the health plan prior to their Medicare eligibility and who live outside the M+C service area, the M+CO must offer this opportunity to all affected beneficiaries, including those with ESRD.</i></p> <p>Regarding denial of enrollment and health screening, determine if the enrollment process includes procedures for assessing and verifying reasons for denial, and procedures that require the appropriate documentation supporting such denial.</p> <p><u>Review:</u></p> <p><input type="checkbox"/> Internal written policies and procedures; <input type="checkbox"/> language in applications; <input type="checkbox"/> complaint/grievance logs; <input type="checkbox"/> routinely used enrollee correspondence; <input type="checkbox"/> correspondence regarding enrollment or denial of enrollment; <input type="checkbox"/> materials used for pre-enrollment seminars, and samples selected.</p> <p>●<u>Interview:</u></p> <p>Staff responsible for: <input type="checkbox"/> processing Medicare applications; <input type="checkbox"/> working with applicants prior to enrollment; and <input type="checkbox"/> sending enrollment information.</p> <p>(Cross refer to MK01(b)).</p> |
| EN02 New Element | <p>The M+CO notifies enrollees of the denial within 30 days of receipt HCFA required time frames of the completed enrollment form.</p> <p>42 CFR 422.60(e)(3); OPL 99.100</p> <p style="text-align: right;"><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOTE</p> |
| | <p style="text-align: center;">APPLICATION FORMS</p> <p style="text-align: right;">Use Worksheets: WS-EN1 and WS-EN2</p> |
| EN03 | <p>Applications are signed and dated by the enrollee or representative.</p> <p>42 CFR 422.60(c); OPL 99.100</p> <p style="text-align: right;"><input type="checkbox"/> MET <input type="checkbox"/> NOT MET <input type="checkbox"/> NOTE</p> |

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| EN04 | <p>The M+CO Organization has documentation to establish that an applicant other than a beneficiary is authorized under state law to make decisions related to health insurance election. 42 CFR 422.60(e) OPL97.007; OPL 99.100</p> <p>[] MET [] NOT MET [] NOTE</p> |
| EN05 | <p>Applications or acceptable facsimiles (including scanned images stored on data files) are on file for all current enrollees and are kept for at least <i>six (6) years</i> following an enrollee's disenrollment. 42 CFR 422.502(e)(1)(iii), OPL 99.100</p> <p>[] MET [] NOT MET [] NOTE</p> |
| EN06 | <p>Applicants are given an opportunity to acknowledge that they understand the M+C plan's rules and agree to abide by them. 42 CFR 422.80(e)(2)(ii);OPL 99.100</p> <p>[] MET [] NOT MET [] NOTE</p> |
| EN07 | <p>M+C plan applicants are informed through the application process that they may not be enrolled in more than one M+C plan at any given time. 42 CFR 422.50(b); National Marketing Guidelines, OPL 99.100</p> <p>[] MET [] NOT MET [] NOTE</p> |
| MOE EN03- EN07 | <p>See the National Marketing Guidelines for Evidence of Coverage (EOC) requirements. An EOC may also be known as a member contract, a subscriber agreement, or a certificate of coverage.</p> <p>Verify that (1) the appropriate person has signed the application; (2) if someone other than the beneficiary has executed and signed and dated the application, then verify under state law that the applicant is authorized to make decisions related to health insurance election; and (3) that the M+CO Organization checked the authorized signatory's authority and obtained substantiating documentation.</p> <p>Note to EN05: M+CO books and records must be kept for at least six years from either the end of a contract year of the completion of an audit, whichever is later.</p> <p>Review:</p> <p><input type="checkbox"/> Internal procedures and documentation accompanying the application.</p> <p><input type="checkbox"/> Procedures, manuals, and files where applications are kept.</p> <p><input type="checkbox"/> Review statement of understanding and/or verification script, if the plan utilizes these documents.</p> <p>Determine:</p> <p><input type="checkbox"/> If procedures require that applications be enrollment and disenrollment records are maintained for <u>six years</u> past disenrollment (422.502(e)(1)(iii)).</p> <p>Interview:</p> <p><input type="checkbox"/> Administrative staff responsible for files; and/or marketing or administrative personnel/manager.</p> |
| <p>ENROLLMENT PROCEDURES <i>Use Worksheets: WS-EN1 and WS-EN2</i></p> | |

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| EN08 | <p>The M+CO Organization has an effective system in place for receiving, controlling, and processing applications from Medicare enrollees. Applications (and completing documentation) are dated as of the date they are received by the M+CO Organization. Applications are processed in chronological order by date of receipt of completed election forms when the M+C plan is open for enrollment.</p> <p>42 CFR 422.60(e)(1) and (2);OPL 99.100</p> | [] MET [] NOT MET [] NOTE |
| EN08A New Element | <p>The M+C Organization must establish and maintain a system for confirming that enrolled beneficiaries have in fact, enrolled in the M+C plan and understand the rules applicable under the plan.</p> <p>42 CFR 422.80(e)(2)(ii)</p> | [] MET [] NOT MET [] NOTE |
| EN09 New Element | <p>The effective date of enrollment is established according to rules for the applicable election period. For OEPs, if the election or change of election is made after the 10th day of the calendar month, the election is effective the first day of the second calendar month following the date the election or change of election is made. Prior to the "tentative" effective date on the election form, the M+CO Organization notifies the applicant in writing of the receipt of the election form. The written notice of receipt specifies the effective date of enrollment, or, if the M+CO Organization is currently enrolled to capacity, explains the procedures that will be followed when vacancies occur. M+COs will have five business days from the receipt of the completed election form to notify the applicant of the "tentative" effective date. (It is possible that if the M+CO receives the completed election form at the end of the month, the beneficiary may not receive the notification form prior to the tentative enrollment date. If the M+CO is able to document that the beneficiary notification was sent to the beneficiary within five business days after receipt of the completed election form time frames specified by HCFA, the M+CO has met this requirement)</p> <p>Section 619 of BIPA specifies that effective June 1, 2001, enrollments during an OEP will all be effective for first day of the month after the month of receipt of the election form by the M+CO.</p> <p>42 CFR 422.62; 42 CFR 422.68 422.60(e)(3), (e)(4)(I) and (e)(4)(ii);OPL 99.100</p> | [] MET [] NOT MET [] NOTE |
| EN10 New Element | <p>The M+CO Organization provides evidence of health insurance coverage prior to the effective date of coverage, which may be in the form of a member card, a copy of the enrollment (election) form, and/or a letter to the member.</p> <p>OPL 99.100</p> | [] YES [] NO [] NOTE |
| EN11 | <p>The M+CO Organization provides the applicant with a signed and dated copy of the application form.</p> <p>OPL 99.100</p> <p>(Cross refer to MB05 & AM06.)</p> | [] YES [] NO [] NOTE |
| EN12 | <p>The M+CO Organization transmits the applicant's enrollment information to HCFA within time frames specified by HCFA. 30 days from receipt of the completed application or from the date a vacancy occurs if the latter is due to capacity restrictions (or, within an additional period of time approved by HCFA).</p> | |

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| | 42 CFR 422.60(e)(6);OPL 99.100 [] MET [] NOT MET [] NOTE |
| EN13 New Element | The M+CO must provide the applicant with a written explanation to deny an incomplete enrollment once 45 calendar days have passed since requesting additional documentation on an incomplete enrollment form, or to deny an enrollment based on the M+CO's determination of the individual's ineligibility to enroll and request additional documentation on an incomplete enrollment form within time frames specified by HCFA. If the additional documentation is not received within time frames specified by HCFA, the M+CO denies the enrollment. The M+CO must provide the applicant with a specific reason for the denial. 42 CFR 422.60(e)(3); OPL 99.100 [] MET [] NOT MET [] NOTE |
| EN14 New Element | When the M+CO Organization receives enrollment confirmation information from HCFA, it promptly (within 7 business days of the availability of the Reply Listing time frames specified by HCFA) notifies enrollees in writing of the effective date of enrollment HCFA's acceptance or rejection of enrollment. OPL 99.100 [] YES [] NO [] NOTE |
| EN15 | When the M+CO Organization is filled to capacity or closes enrollment, it notifies subsequent applicants in writing of the procedures that will be followed when enrollment reopens or vacancies occur. The procedures ensure that vacancies are filled in chronological order. 42 CFR 422.60(a)(2); (b)(2)(F) & (e)(2);OPL 99.100 |
| EN16 | The M+CO Organization adheres to the requirements in requesting retroactive enrollments from the HCFA Regional Office. OPL 99.100 (Cross refer to element DS19) [] YES [] NO [] NOTE |
| EN17 | An M+C Plan offered by an M+CO Organization must accept any individual (either residing in the service area or continuation area of the M+C Plan or who lives outside the service area but is already enrolled in a health plan offered by the same organization, if the M+CO offers this option) who is enrolled in a health plan offered by the same M+CO Organization (regardless of whether the individual has end-stage renal disease) during the month immediately preceding the month in which he or she is entitled to both Part A and Part B as provided by 422.50(a)(2) and (a)(3). 42 CFR 422.66(d); OPL 99.100 [] MET [] NOT MET [] NOTE |
| MOE EN08- EN17 | <u>NOTE TO REVIEWER:</u> In order for EN08 to be Met, elements EN09 through EN17 must be Met. <input type="checkbox"/> Determine if the M+CO Organization adequately controls the Medicare application process, including: date stamping the application (and completing documentation) upon receipt; directing the application to the appropriate processing department for completeness review; notifying applicants accurately regarding receipt of the application and the effective date and/or denial of the application; and the submission of accretions to HCFA in a timely manner (within 30 days). Applicants are advised in writing within 45 days time frames specified by HCFA , regarding the reason for denial if he or she fails to meet regulatory requirements for enrollment. |

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| <p>MOE EN08- EN17 Cont.</p> | <p><input type="checkbox"/> The M+CO provides evidence of health insurance coverage to all members prior to their effective date no later than five business days after the receipt of the completed election form. If such evidence is left with the member at the time of enrollment election, this must be appropriately documented in the member's file. For situations in which it is not possible for the M+CO to provide this information prior to the effective date (e.g., the last days of a SEP or ICEP), such information is provided within time frames specified by HCFA.</p> <p><input type="checkbox"/> Determine if there are procedures for reviewing and taking appropriate follow up action in response to <i>HCFA Monthly Transaction Reply/Monthly Activity Report</i> listings (e.g., applicants enrolled are promptly (within 7 business days) notified in writing of confirmation or rejection of enrollment; rejected applicants are informed of reason for rejection). If the M+CO Organization-submitted data are determined by HCFA to be in error, then internal records are corrected and submitted to the HCFA Regional Office.</p> <p><input type="checkbox"/> Determine if the M+C Organization reviews the monthly <i>HCFA Monthly Transaction Reply/Monthly Activity Report</i> listings upon receipt, and takes appropriate action in response to status reports on accretion actions. This assessment is based in large part upon on-going interaction with M+CO's Organization's staff. If enrollment is closed, the M+CO Organization notifies the applicants in accordance with HCFA requirements, and there is a process in place to enroll them on a first-come, first-served basis once enrollment re-opens. Cross reference EN11 w/MB05 & AM06</p> <p><input type="checkbox"/> The M+CO Organization maintains copies of denied applications in a separate file for at least six years following the date of application. in order to provide HCFA with units of analysis. (Note: sample used in WS-EN2 (Denial of Enrollment)).</p> <p><input type="checkbox"/> Determine if staff involved in processing Medicare applications are properly trained and have accurate/up-to-date manuals.</p> <p><u>Review:</u> <input type="checkbox"/> Internal procedural manuals; <input type="checkbox"/> correspondence to applicants and enrollees; <input type="checkbox"/> tapes submitted to HCFA, internal systems records of enrollments, sample of active and denied applications; <input type="checkbox"/> reconcile M+CO Organization records against HCFA records; <input type="checkbox"/> review plan's policies and procedures, if it has periods of closed enrollment - M+C Manual, section 4.5, fifth bullet.</p> <p><u>Interview:</u> Staff responsible for: processing Medicare applications including resolution of any entitlement problems, data entry, analysis and reconciliation of HCFA transmissions, and membership records, and materials sent to new enrollees.</p> |
| <p style="text-align: center;">EMPLOYER GROUP APPLICANTS AND ENROLLEES</p> <p style="text-align: right;">Use Worksheet: WS-EN4</p> | |
| <p>EN18</p> | <p>The M+CO Organization enrolls Medicare Employer Group Health Plan (EGHP) applicants who are enrollees of an employer group plan and certifies that it provided him/her with an explanation of enrollee rights, including the lock-in requirements. The M+CO is not required to submit marketing materials that relate solely to employer group benefits to HCFA for review § 4204(e) OBRA 1990;— 42CFR422.60(f)(2)</p> |

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| EN19 | <p>The M+CO Organization does not exceed the limitation (up to 90 days) which allows HCFA to retroactively adjust Medicare payments to the M+CO Organization to cover the period of time the applicant enrolls through the EGHP and becomes eligible to receive services under the M+C contract, and the time the application is received by the M+CO Organization and transmitted to HCFA.</p> <p>§ 4204(e) OBRA 1990; 42CFR422.60(f)(1) [] MET [] NOT MET [] NOTE</p> |
| EN20 | <p>For "working aged" M+CO Organization enrollees who are employed by groups which are subject to Medicare Secondary Payer regulations, the M+CO Organization only offers premium waiver (or premium reduction) if the enrollee maintains coverage through <u>both</u> the M+CO Organization and the group product.</p> <p>§ 4204(g)(1)(C) OBRA 1990; HCFA Program Updates, October 11, and October 20, 1994 [] YES [] NO [] NOTE</p> |
| MOE EN18- EN20 | <p><u>Review/Determine:</u> Employer group contracts; EGHP member applications; internal procedural manuals:</p> <ul style="list-style-type: none"> <input type="checkbox"/> For retroactively enrolled group applicants, assure ensure that (1) a lock-in statement is obtained; (2) signed prior to the effective date of enrollment; and, (3) applicants are not enrolled any more than 3 months retroactively. <input type="checkbox"/> Assure Ensure that applications are processed in a timely fashion and applicants are informed of their effective enrollment date. <input type="checkbox"/> Assure Ensure that contractual agreements or other arrangements contain language which ensures that the employer group will cooperate with the M+CO Organization to assist in meeting the regulatory requirements for EGHP. <input type="checkbox"/> Related correspondence in enrollee files. |
| MOE EN18- EN20 Cont. | <p><u>Interview:</u> Staff responsible for developing materials/application for EGHP enrollees.</p> <p><u>Working aged enrollees employed with groups of 20 or more employees:</u> Per Instructions to Industry Memorandum, dated January 11, 1994, M+CO Organizations are responsible for identifying and reporting working aged members beginning January 1, 1995. The minimum requirements are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> a questionnaire to all new members, <input type="checkbox"/> an annual questionnaire to all beneficiaries, <input type="checkbox"/> biannual advertisement through newsletter or other means, <input type="checkbox"/> verification upon receipt of HCFA data, i.e., from the Common Working File (CWF), and <input type="checkbox"/> incorporation of a working aged identifier in the coordination of benefits (COB) activities. <p><u>Working-aged enrollees employed with groups of less than 20 employees:</u> This requirement (see EN 49 20) does not prohibit the small group employer from entering into an agreement with the M+C Organization to wrap-around benefits for such "working-aged" employees under the small group (commercial) product and informing Medicare-eligible employees of this option. Under federal law <u>small</u> groups are allowed to offer inducements to working aged members that would have the affect of making Medicare the primary payer. State law may prohibit such inducements.</p> <p><u>Interview:</u> Staff responsible for systems and procedures for working with employer groups relative to membership activity, for identifying age-ins, for processing EGHP-member applications, and for directing and controlling correspondence to them.</p> |

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| EN20 | <p>For "working aged" M+COrganization enrollees who are employed by groups which are subject to Medicare Secondary Payer regulations, the M+COrganization only offers premium waiver (or premium reduction) if the enrollee maintains coverage through <u>both</u> the M+COrganization and the group product.</p> <p>§ 4204(g)(1)(C) OBRA 1990; HCFA Program Updates, October 11, and October 20, 1994</p> | <p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOTE</p> |
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| MOE | Review/Determine: Employer group contracts; EGHP member applications; internal procedural manuals: |
| EN18- | <input type="checkbox"/> For retroactively enrolled group applicants, assure ensure that (1) a lock-in statement is obtained; (2) signed prior to the effective date of enrollment; and, (3) applicants are not enrolled any more than 3 months retroactively. |
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| | <input type="checkbox"/> Assure Ensure that contractual agreements or other arrangements contain language which ensures that the employer group will cooperate with the M+C Organization to assist in meeting the regulatory requirements for EGHP. |
| | <input type="checkbox"/> Related correspondence in enrollee files. |
| MOE | Interview: Staff responsible for developing materials/application for EGHP enrollees. |
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| | <input type="checkbox"/> incorporation of a working aged identifier in the coordination of benefits (COB) activities. |
| | <u>Working-aged enrollees employed with groups of less than 20 employees:</u> This requirement (see EN 19 20) does not prohibit the small group employer from entering into an agreement with the M+C Organization to wrap-around benefits for such "working-aged" employees under the small group (commercial) product and informing Medicare-eligible employees of this option. Under federal law <u>small</u> groups are allowed to offer inducements to working aged members that would have the affect of making Medicare the primary payer. State law may prohibit such inducements. |
| | Interview: Staff responsible for systems and procedures for working with employer groups relative to membership activity, for identifying age-ins, for processing EGHP-member applications, and for directing and controlling correspondence to them. |